QMB No: 0938-

(BPD)

Revision: HCFA-PM-91-4

100 1 101011	August 1991	(E12)
	State/Territory:	RHODE ISLAND
Citation	3.1(a) (1)	Amount, Duration, and Scope of Services: Categorically Needy (Continued)
		(vi) Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan.
1902 (e) (7) of the Act		(vii) Inpatient services that are being furnished to infants and children described in section 1902 (1) (1) (B) through (d), or section 1905 (n) (2) or the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished.
1902 (e) Act	(9) of the	(viii) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1 (h) of this plan.
1902 (a) and 1925 Act	` '	(ix) Services are provided to families eligible under section 1925 of the Act as indicated in item 3.5 of this plan.
1905(a)(a describe	· —	Program of All-Inclusive Care for the Elderly (PACE) services, as
and 193	4	and limited in Supplement 3 to Attachment 3.1-A
	prov	ACHMENT 3.1-A identifies the medical and remedial services led to the categorically needy. (Note: Other programs to be offered egorically Needy beneficiaries would specify all limitations on the

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy. (Note: Other programs to be offered to Categorically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Categorically Needy beneficiaries would also list the additional coverage – that is in excess of established service limits – for pregnancy-related services for conditions that

may complicate the pregnancy. As PACE is for the frail elderly population, this

also is not applicable for this program.)

TN No. __05-006
Supersedes Approval Effective Date __10/01/2005
TN No. __92-02 HCFA ID: 7982E